

## DO/EO WORKSHEET

Paralegal Division

U.S. Appl. No.

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Application filed by : ☒ 30 months

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## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

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| <input type="checkbox"/> International Application                 | <input type="checkbox"/> Request form PCT/RO/101                |
| <input type="checkbox"/> Article 19 Amendments                     | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report |
| <input type="checkbox"/> PCT/IB/331                                | <input type="checkbox"/> Search Report References               |
| <input type="checkbox"/> PCT/IPEA/409 IPER (PCT/IPEA/416 on front) | <input type="checkbox"/> PCT/IB/306 - Notification of a Change  |
| <input type="checkbox"/> Annexes to 409 (Article 34 Amendment)     | <input type="checkbox"/> Other : _____                          |
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## RECEIPTS FROM THE APPLICANT:

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| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)  | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :<br>1. _____ 2. _____ 3. _____                                 |
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| <input type="checkbox"/> Translation of Annexes to 409<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :        | <input checked="" type="checkbox"/> Oath/ Declaration (executed)<br><input type="checkbox"/> surcharge was paid at the time of filing |
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| <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Address  | <input type="checkbox"/> Other : 1. _____   |

NOTES : ☐ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371(c)(1), (c)(2) and (c)(4)

Date of Completion of ALL requirements under 35 U.S.C. 371

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 909 - Notification of Abandonment

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